THE

MEDICAL EXAMINER.

A

Semi-Monthly Journal of Medical Sciences.

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No. XXI. CHICAGO, NOV. 1, 1874. VOL. XV.

Original Communications.

THE RELATION OF THE PROFESSION TO THE SECULAR PRESS AND THE ROSTRUM.

AN ADDRESS READ BEFORE THE CENTRAL ILLINOIS MEDICAL ASSOCIATION, BY THOS. D. WASHBURN, M. D., HILLSBOROUGH, ILL.

OUR worthy President has assigned me the duty of preparing a paper on "The relation of the profession to the secular press and the rostrum;" a topic involving very little anatomy, though I propose to unearth a skeleton, and as I proceed to discuss the pathology, which naturally antedates most skeletons, I may attempt to apply some therapeutics, which involves more or less a knowledge of physiology.

I am conscious that I have a delicate task, for it is a question only recently sprung, and is liable to much misconstruction. To many minds a new idea is as dangerous as nitroglycerine, and any reconstruction or meddling with well-established usages is as perilous as the restored pillory in "My Novel," of Bulwer Lytton. But, gentlemen, the men who do not think and cannot see how the past can be improved, and believe that progress is an enemy, unworthy our confidence or examination, are not fit to practice medicine, and should make no pretensions to science. So far as the various branches which make up the science of medicine are concerned, you readily admit an immense progress, you seek for the highest culture, you consult the most advanced scholarship, the best authorities. But when you are asked to modify a rule of action, a custom of half a century; when the experience of two generations presses upon you, and the altered circumstances of all your surroundings invite a change; when the

social, political, and religious life has assumed a dozen different phases, adapting itself to the peculiar forces and national condition and demands of the times, does it become us to doze on in our Rip Van Winkle sleep and ignore the light of the nineteenth century? It is astonishing with what ease we wrap the mantle of self-complacency around us, and fondly believe that we are the only true medical light of the world; that medical wisdom cannot be generated outside of the regular profession; that it is conceived, gestated, and brought forth only in the legitimate medical fold. Why, the greatest advances we have made, the most famous epochs in our history, as a profession, have been when some Parthian arrow has been shot from an enemy, when some grand broadside has been given us from a school of quacks or band of charlatans.

That despised, ignorant, and pugnacious Thompson, years ago, with a single idea and formula, untenable at that, viz.: that "Heat is life, cold is death," threw a bomb-shell into our camp that unhinged and disjointed the whole theory and practice of the day; sent calomel and the lancet to the rear, and changed the whole medical front. An exclusive botanic practice arose on the debris, and lives in varied forms to-day, eclecticism being one of its most promising children. It largely modified regular practice, and we are almost unconscious how much good we owe to its venom and acrimony; this blustering storm, which came down so suddenly on our old craft, made us throw overboard some antiquated notions and old rubbish, retrim the ship, mend the sails, and study more carefully the winds and currents in which we were moving. Hardly a score of years elapsed, before another medical formula struck us like an iceberg in a summer fog, "Similia similibus," a more monstrous absurdity than the other, but it taught us, oh, how much! Many who hear me to-day will testify that in their pupilage they were taught to believe disease to be an entity, and that *medication* alone could exorcise it. We never thought of asking how this or that disease would result if let alone; it was the medicine that restored and saved. True we had some vague notions about the *vis medicatrix naturæ*, but, as a whole, nature got little credit for her labor; associated with this "*similia*," came the *infinitesimal;* that was a revelation; logic, data, philosophy could not reach it; common sense could bang its brains out and fail to strike it; it was beyond the reach of analysis; chemistry it had none; its particles were so comminuted that nothing but the eye of imagination could appreciate them.

We could make some stagger at *mesmerism;* the snapping doctor *did* something, he put the air in motion; we could conceive of a *faith* cure; even the *royal* touch for scrofula could be guessed at, but an *infinitesimal* was too much for us. The vulgar mind could realise a sensible effect in lobelia or cayenne; but *similia similibus* in infinitesimal doses, with all its foreign pretension, vast erudition and decillionth accuracy, captivated the wise, the great and good; its air of mysticism, its beautiful attenuation, its mysterious potency, baffled the power of all ordinary ratiocination, and thousands were overpowered by its imposing claims and vast nothingness. But it taught the profession that

very much we had attributed to medication was not entitled to any such agency; that the largest number of diseases were self-limited, and little or no medication was better than much.

Among the elements of varied success which have developed and maintained these two schools has been the secular press. Both appealed to the prejudices and weakness or ignorance of the popular mind; the one putting up a man of straw, mineral medicine and the bloody lancet, the other the harmlessness and ease of its administration. So far as my observation extends, no editor appeals to reason, philosophy, or common sense in support of either.

No challenge is ever made through the press to honestly discuss the merits of either. Why then is the secular press partial to these *false* systems? For the obvious reason, they fill their pockets. The advertisements of irregular medicine, its puffs and locals are among the principal sources of wealth which sustain them. A man is not going to abuse another who feeds his children, and puts silk dresses on his wife, and supplies him with fast horses. The most reputable and disreputable papers in the city, as well as rural districts, teem with this class of advertisements, the religious press not excepted. These quack kings, Jaynes, Townshend, Radway, Leonidas Hamilton, even Pierer, of Buffalo, and scores of others, spread their money like water; a thousand lesser lights rush in, steal the name of some distinguished Professor, or claim some grand discovery, authenticate the same with cabinet officers and D.D.'s, and keep the public on the *qui vive* for the next astounding medical sensation. They appeal to man's lower and higher nature; no local, religious, or social prejudice is left forgotten; you have Temperance *Bitters* by Walker, Quaker Bitters by Flint, and Plantation Bitters by *Skinflint;* there is no field where successful lying reaps richer harvests. Then you have the *traveling* medical mountebank, with his posters and puffs, stuffing the pockets of the press and skinning the poor invalid. Your *Wizard Oil* and other medical delusions move on with the blare of trumpets and the pageantry of fine equipages. Your more aristocratic and imposing Water Cure, Health Lift, Russian Bath, and semi-heretical delusions and institutions spread their wonders and triumphs broadcast over the land, through the press; surely you cannot expect them to break up their own feed troughs!

But let us look into the philosophy of this matter. Says a distinguished divine, "I now declare that I consider the newspaper to be the grand agency by which the gospel is to be preached, ignorance cast out, oppression dethroned, crime extirpated, the world raised, heaven rejoiced and God glorified." If such are the views of the Rev. Talmage in regard to the influence of the press on the moral and religious character of the nation and the world, how much more appropriate when applied to the *medical* sentiment, which is more exclusively educated by the false teachings of the press!

There is no denying that the press is an immense power in the land; its influence on the public mind cannot be estimated; it enters the palace and hovel alike; the little child as well as the aged sire drink at its fountain;

baited with the minutest portion of truth to cover the ugly hook of medical error, the insinuating style of these pretenders is bound to warp the reason and taste of the public; false doctrine so constantly reiterated, with all the blandishments of culture and genius, will deceive the very elect.

(Distinguished names have been blotted from our roll of honor by the brilliant success which charlatanry occasionally achieves.)

The school boy gets the annual almanac in twenty varied forms; fun and anecdote on one side, marvelous cures and marvelous medicines on the other; the farmer runs over his weekly with the aches and pains of protracted labor still on him, and listens to the syren song of rheumatism cured in twenty minutes; neuralgia annihilated in forty seconds, "to be found at any drug store." The merchant at the close of business, or after his comfortable dinner, seizes his *daily* and next the markets he finds Dr. Pelham's cure for sick headache, colic, gravel, and liver complaint, with the most imposing testimonials, and so on *ad infinitum*. Will any one tell me that the public are not consciously and unconsciously educated to a variety of false medical belief? These thousand and one avenues which open from early dawn to dewy eve in every daily, weekly, and not a few of our monthlies, are sweeping away the grand old landmarks and filling their places with doubt, error and fanaticism. The rostrum fortunately is safe from much mischief in this direction. There is no law forbidding us to let our light shine on the *rostrum*, and where no law is there is no sin. Science and reason are too large an element on the rostrum for it to be often prostituted to base pretension and imposture; the district lyceum and the popular lecturer must minister to our good sense or to empty seats; sophistry and delusion here can be throttled before they get to be respectable snakes; not so with the newspaper: it comes with the breath of the scourge and carbolic acid won't neutralize it.

I have spoken of the press with its swollen stream of contaminated and worthless medical literature, as exhibited in the daily and weekly throughout our land. One word as to the quacks and ignoramuses who practice in almost every hamlet and afflict every community; as a class they excel in electioneering; they are always before the people; seldom before their books; they know every man, woman and child that crosses their pathway. Talk about *blarney:* Pat and Biddy are at a discount; they are eminently road sweepers; they know every man's farm and circumstances, his nativity, religion and politics, when and to whom married, his horses, mules and cattle, can call by name his very dogs; constant contact with men gives them much apparent ability and they have an influence which may well be respected; cordial, caressing, conservative, seldom radical even in medicine, never positive and declaratory except they know well the individual or the crowd, they often become an oracle to the credulous and simple.

Such is the element we as a profession have to meet. Their influence is as pervading as the miasm of an Indian jungle. The frothy gossip which exhales from these medical vampires is as pestilent and contagious as the cholera or yellow fever. They are conspicuous; like small tradesmen they show all they have

and exhibit their wares to the best advantage. They are perennial, the regulars occasional; they are persistent, the regulars spasmodic; they blow a steady breeze, the regulars gusts; they use *common* names and try to make themselves understood by simple illustrations; they call stomach *stomach*, not the gastric viscus; salt *salt*, not chloride of sodium. Their intimate relation to the masses, their appeals to prejudice, their misrepresentation of facts, produce results and warp the judgment of many honest minds. What is the remedy? Shall they be fought with their own weapons? Partially, yes; largely, no; what recourse have we? The attainments and general culture which are conceded us should not be so very modestly concealed as our ethics seem to imply and many of our members so rigidly observe; our personal and general influence should be more sensibly felt on all the medical questions of the day; but of all our resources none is more legitimate than the proper use of the secular press. What is the press? The reflection of the best thought, the practical wisdom, the grand results of the age. The ablest statesmen and divines, the philosophers and most advanced scientists, and the highest business interests of the land and the age cluster round the press. The world seeks light; the American mind, active, dashing, pushing, reports, interviews, telegraphs, and turns creation upside down for news.

Next to air, water and sunlight, the newspaper is essential to the existence of our people. Government, commerce, education, religion, science, agriculture, mechanics, art, and every industry of the land, breathe, live and glow in the secular press. But we, a fraction of humanity, represented by sixty-one colleges, seventy-two journals, some twenty thousand practitioners, and twenty millions or more of patrons, dare not lisp a syllable outside of *hygiene*, lest some venerable *Gusticutus* or sharp Rusticus pounce on our temerity, cry halt! and threaten us with instant and eternal exclusion from all that is reputable, regular and infallible in medicine. It does seem to me about time to put off our swaddling clothes and put on the habiliments of men. This never going into water until you have learned to swim may be good advice to children but it is hardly the stuff for grown people.

The thirty-nine articles doubtless were good when they were born, but do n't you think the *nine* could be dropped to advantage?

Do n't you believe the Westminster Catechism could be slightly altered and not shock the Christian intelligence of the day? No one excels me in true reverence for the past. I am no revolutionist, anarchist, or idle agitator, but I think the time has come to forsake false gods. Those who choose to worship medieval fancies and blindly bow the knee to moss-covered Diana's, should have the privilege, whether social, political, medical or religious; but with all the light of the present age it seems possible that even the medical ethics, habits and precedents of the past generation might be modified, and possibly better adapted to the wants and necessities of the hour. I may be mistaken. I have ceased to worship *age* for its intrinsic excellence; *distance* never presents those rose-colored hues that make vice virtue, or

deformity perfection. I am not for mixing homœopathy, eclecticism, or any other absurd and visionary dogma with regular practice, but I am in favor of informing the public what regular medicine is, and giving them a better opportunity to judge correctly of its merits, to separate the wheat from the chaff and stand out more boldly in defence of our doctrines and our rights; to challenge discussion on the merits of our position; to make ourselves aggressive as well as defensive; to shape and mould and vitalize public medical opinion rather than see it submerged by error and fraud.

It is proper and right that custom and usage should be formulated, and general principles laid down for corporate action and ordinary emergencies; but in this age of development, change and progress, we cannot expect any formula to outlive its usefulness; after the chicken is hatched what is the use of the shell? We concede that we have learned much from our opponents; they have indirectly been the cause of great advancement; we are actually better for their criticism and censure; but they hold that remedies are *personal* property, and any combination entitles them to secresy, private use and a *patent*, which must not be infringed; we hold the opposite, that every remedy is *public* property, and boldly publish the same to the world. They seize the very article we have announced, trump up a fancy name, and impose it on a credulous public as a wonder, a panacea, a life restorer, and with letters-patent or otherwise, reap vast sums of money from their ready dupes. Which course is the more humane? Which course should the public approve? Which course should a discriminating, honorable and appreciative press sanction?

An ignoble deception is sent broadcast over the land, through the press, for pay. That is the motive power which afflicts the secular press. The knaves reap a rich harvest and divide with the press. The people are misled by the press and the whole practice of medicine brought into disgrace. We cannot afford to pay for chasing up these false statements and impositions, consequently our corrections are declined. A *v* or an *x* will open their columns to the next impostor, and so the public are educated and a premium placed on deception, fraud and ignorance, and a low, false, cheap system of practice begotten by this popular mis-education.

We have men abundantly qualified to announce these facts and show up the true position of the profession, either in our dailies, weeklies or monthlies, but the precedent that the true physician should not publish anything in regard to his calling, except in the legitimate medical journal, has existed so long that it would be rash and perilous for a reputable M.D. to attempt to contend for his rights, or define his position, in the secular press or *monthly*.

Our code of ethics is as faultless as any document of its age; it is largely what the profession need, but somehow false views, and inferences, and practices, have been drawn from it; we shall soon be, if not already, in the dilemma of some of our good presbyterian brethren, having a *formula* but differing essentially in *reality*; it certainly is eminently proper that *each* generation should leave its impress on it, lest they be misunderstood. I

presume it has not escaped your notice that there has been a certain restlessness about this matter existing among prominent members of the profession, and for a year or more agitating the journals, even the staid and respectable *Boston Medical and Surgical Journal* has been somewhat exercised, the New York and Philadelphia journals receiving some gentle reprimands for their fast proclivities; quite a variance has been manifested as to the *amount* of popular medical instruction the people should receive; some were for homœopathic, others heroic doses of this pabulum. My own opinion is that our ethics are misconstrued; that they give more latitude than most of the profession have been inclined to take. It says, under "Duties of the profession to the public," art. 1st, paragraph 1, "As good citizens, it is the duty of physicians to be ever vigilant for the *welfare* of the community and bear their part in sustaining its institutions (newspapers) and burdens."

"They should also be ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, &c., — in regard to measures for the prevention of epidemic or contagious disease." (4) "It is the duty of physicians who are frequent witnesses of the enormities committed by quackery, and the injury to health, and even destruction of life, caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors."

If here is not a *carte blanche* for any attack we may choose to make through the press, rostrum, or otherwise, on the multitudinous forms of medical deviltry which afflict the community, then the English language is out of joint. As *good citizens* we are called upon to be "*vigilant for the welfare of the community.*" Are you vigilant when you let false views and false practice, and imposing medical rascality and pretension come in like a flood and undermine and subvert the truth? When you see men clinging to foolish and baseless dogmas, and trusting life itself to consummate ignorance and unskilled and reckless presumption? We are verily guilty in neglecting to sound the alarm and awaken public sentiment to the audacious practices and destructive forces which are operating on society for want of information and enlightenment; both in regard to diseased conditions and the proper means of cure.

The public ought to know on sight a quack as well as they know a blackleg or a preacher; how one can drop down in a community and remain twelve months and not be detected is a mystery to me; a man that uses his tongue or his pen should be found out by that time. One thing we do know, that where you find a healthy itinerant it is presumptive evidence that he is no earthly account, and unable to make an honest living at home.

To return to the press: the question remains, how can it best subserve the interests of legitimate medicine? Not certainly by confining ourselves to the medical journals and making them the medium of our efforts to reach the popular mind; not solely by improving ourselves and rendering the profession *worthy* of all confidence; not by inveighing against all species of quackery; (for they might charge

us with being interested witnesses); not by abusing the press and denouncing them as selfish and indifferent to the public weal; but by cool, dispassionate logic, a simple presentation of facts in the utmost fairness, selecting well-chosen abuses, follies and false notions, seizing the vulnerable points of error and placing them in popular form before the people; giving instruction in hygiene, the abuse of remedies, and all the shades which quackery assumes, regular or irregular; for we cannot ignore the fact that the members of the profession too often give occasion to just criticism and reproach. The address of the late presiding officer of the N. H. State Medical Society was mainly aimed at these, and our own personal knowledge is not exempt from much that is reprehensible, unworthy, and wrong, in this direction: impressing patients with the idea that they are worse than they are, thus substituting fear and anxiety in place of hope and cheerfulness; depreciating and undermining a brother practitioner by statements and insinuations that have but a modicum of truth; an imposing array of successful cases and profuse assertions of wonderful ability; approaching men and invalids without invitation and *volunteering* advice or medicine; slipping up on the blind side of a man's political, religious, or sectional bias, and soliciting favor; all these are a shame and disgrace and proper subjects of newspaper criticism; but we have a still further mission to perform. It is our business to *create* a medical sentiment, to put the people in possession of right doctrine, to educate and develop, not only in hygiene and physiology, but give them general principles in practice and therapeutics. It certainly is better they should learn from *us* than by the ignorant or designing pretender and demagogue.

Dr. Logan, President of the National Medical Association, ('73) says the "only channels" by which the people can be reached are the "*newspaper* and lecture room;" "this is our work for the future, to educate the people." The President of the Ohio State Med. Society, the same year, advises the daily paper to employ an eminent medical writer to occupy a column, and expresses the opinion it would do more good in educating a proper medical sentiment among the people than all the medical journals combined.

In a paper read a year ago last June, before the Montgomery Co. Medical Society, I use this language: "We number ten to one of our enemies, but they have captured the press, and by their persistent noise and bluster, confuse the public and paralyze the truth. We have county, district and state organizations, but we are hedged in by such an oppressive sense of our dignity, such solicitude for our position and ethics, such exclusiveness for our professional rights and decorum, that we have not given *legitimate* publicity to much of our labor and practice, thereby depriving ourselves of public sympathy and confidence.

"We can better shape public *medical* sentiment than lawyers can the *political*, or clergymen the *theological*, for we number more and have better access to the masses, and it is from sheer neglect we have allowed such a false state of things to exist; we have *slept* while the enemy has sowed tares." Again, an editorial in the *Boston Medical and Surgical Journal*,

January, 1874, closes with these words: "Nothing is further from our wishes than that the profession should expose itself to defilement by contact with politics, but as guardians of the public health, as the best judges on many points of morality, physicians, as a class, have a right to a voice in many matters. If we claim this consistently, moderately but persistently, it cannot be denied us. If we do not claim it we do not use all the means at our command for the benefit of society and the honor of the profession, and are false to the duty we owe both." Let me ask in all candor, would not the same facts and the same logic lead *us* to use the secular press to communicate our views and give instruction to the people?

As societies can we contribute to this end? Certainly we can; each local society could have papers written for this special purpose. Topics could be selected and a committee of one, two or three, appointed to prepare matter and give such facts as would enlighten the public mind, not only on hygiene, but much that pertains to the profession; their relations to each other, irregulars, and the public. The same could be done by the district and state society, and the medical profession brought in closer harmony and sympathy with the people, and the best *local* and most popular dailies made the medium of such communications. Our best writers could be instructed to prepare more elaborate papers for the popular monthlies or reviews, and a safe, healthy, medical literature permeate the reading matter which has such ready access to all classes. If these views are utopian, pardon my temerity; if correct, accept and adopt them.

REPORT OF A CASE OF PNEUMATIC ASPIRATION OF PERICARDIAL SAC, IN COOK COUNTY HOSPITAL.

By D. A. K. Steele, Resident Physician.

GENTLEMEN: The case I will call your attention to is one adverted to by Prof. Johnson, two weeks ago, before your Society, in connection with his report on pneumatic aspiration.

The patient, Edward S., age forty-five; laborer; native of Germany; was admitted to the hospital September 22, 1874, in the evening. Stated that he enjoyed good health until ten weeks prior to admission, when while employed in a lager beer saloon, and sweating profusely, he went into the ice cellar to cool off, and took a violent cold; had several slight chills, followed by pretty high fever, when he was attacked by severe cramping pains in back and left side in region of heart; pain was aggravated by a deep inspiration; had no cough; appetite became impaired, bowels costive; breathing labored; pain in left chest and difficulty of respiration

continued for about four weeks, when he began to convalesce; commenced to work as a cook, again exposing himself to sudden changes of temperature; sleeping in a damp basement. After being so employed for about three weeks he was attacked with pain in left chest, similar in character to first attack; began to cough, expectorating a white frothy sputum. For past two weeks breath has been gradually becoming shorter and more labored; rests poorly at night; appetite poor; bowels costive. Has been a moderate drinker for a number of years; family history devoid of tuberculous taint; never had syphilis, and gives no history of rheumatism.

On admission.—Patient, a large, well nourished man; lies on left side with shoulders elevated and thighs flexed on abdomen; breathing hurried and laborious; face anxious and cyanosed; skin cool and moist; tongue flabby, tremulous and covered with a brownish coating; pulse 132, small, thready and irregular; respiration 28 per minute; temperature a little below normal.

On physical examination.—Inspection reveals bulging of left chest and præcordial region; epigastric protrusion; partial obliteration of left intercostal spaces and decided loss of motion in left chest; heart communicates no thoracic shock; palpation gives an absence of vocal fremitus in left chest anteriorly, while posteriorly the fremitus is exaggerated.

Percussion reveals complete dullness in left chest anteriorly over a somewhat irregular triangle, the base of which would correspond to a transverse line drawn from left axillary region three inches below left nipple to a point two inches to right of tiphoid appendix. Apex at a point about five inches above and one and one-half inches to right of left nipple. The dullness was but slightly altered by postural change; behind get fair resonance; in right chest resonance slightly increased.

On auscultation.—Broncho-vesicular respiration throughout right chest; at apex of left lung anteriorly get bronchial breathing; below third rib an absence of all lung sounds; behind over upper one-third of chest bronchial respiration; over middle broncho-vesicular with mucous rales, and over base bronchial again with occasional fine creptitant rales, and occasional friction sounds.

On auscultating cardic region find an absence of all heart sounds; along the right border of sternum get a few to and fro pericardial friction sounds. Summing up the physical signs we readily arrived at a diagnosis of acute pericarditis with a large serous effusion. Applied warm jacket poultice and gave alcoholic stimuli. Next morning patient not being relieved and dyspnœa increasing dispatched a messenger for Dr. Johnson, thinking that an attempt should be made to relieve the imminent danger of death from dyspnœa by aspirating the pericardial sac and removing a portion of the fluid compressing the lungs. Prof. Johnson arrived in the evening (patient in the meantime having diffusible stimuli, carb. ammonia, quinia and camphor), and confirmed diagnosis, and as the danger of sudden death was imminent determined on tapping the pericardium with the aspirator as a means of temporary relief. Patient was placed in a sitting pos-

ture, and a fine canula connected with a vacuum, was introduced in fifth intercostal space two inches to left of sternum, and carefully carried inwards, upwards and backwards, until it had penetrated the thoracic wall about two inches, when a few drops of bloody serum escaped; about one ounce was removed when the canula was withdrawn. The immediate effect of the aspiration was to quicken and strengthen the circulation as determined by the radial pulse. Heart continues intermittent. Supposition is that the canula entered a little pouch or pocket formed at base of pericardium by plastic effusion and did not enter the main collection of fluid. Patient was continued on stimulants, chest painted with tincture iodine; was also given saline cathartics and diuretics.

24th. Expresses himself as feeling a little better; says he can breathe easier; continued treatment with but little change of symptoms or physical signs until the 28th, when a pleuro-pneumonia of left chest manifested itself, with a corresponding increase of the gravity of the symptoms. A warm jacket poultice was kept continuously applied, and free stimulation resorted to with the application of artificial warmth to extremities. On the 30th a consultation of the attending physicians was held, and it was determined to again resort to aspiration as a dernier ressort. Prof. Johnson introduced a fine canula near point of previous puncture, carrying the point in same direction, but a little higher than before, until the point had passed into chest about two inches, when on turning the stopcock the skillful operator was rewarded by seeing a full stream of bloody serum flowing into the receiving bottle, from pericardial sac. Eleven and one-half ounces were withdrawn, when the canula was removed, no unpleasant symptoms occurring. The immediate effect of the operation was to relieve the turgescence of the superficial vessels and to steady and strengthen the heart's action. Breathing became easier and the apex beat of the heart could be seen for the first time striking a little to the left and higher than normal; cardic sounds distinctly heard; bulging of intercostal spaces not so marked. Half an hour after the operation pulse 132; respiration 28 per minute.

October 1st. Pneumonic inflammation more extensive; extremities cold; radial pulse imperceptible; heart's action feeble, irritable, and irregular; general cyanosis; cannot retain anything on his stomach; is delirious; gradually sank and died at 1 A. M. following morning.

Autopsy. Fourteen hours after death entire body cyanotic; antero-mesial incision, superficial structures normal in appearance. On lifting up sternum found pericardial sac immensely distended with fluid, and occupying nearly the whole anterior portions of left chest and overlapping the right lung for two or three inches; diaphragm depressed; moderate pleuritic effusion in both chests. On opening pericardium found it much thickened and congested, containing a considerable amount of bloody serum; point of last puncture readily seen; point of previous puncture closed by adhesive inflammation; heart hypertrophied, dilated, apparently inflamed; right side distended with venous coagula,

entire surface covered with tenacious coagulated lymph arranged in segregated layers resembling villi, varying in depth from one-half to one inch and adhering so firmly to walls of heart as to be with difficulty removed; pericardium adherent to heart around base by means of this plastic deposit. Left lung throughout pneumonic, in a state of red hepatization, quite friable and firmly adherent to chest walls by recent pleuritic adhesions; right lung congested; kidneys, liver and spleen very much congested; other organs not examined.

In answer to questions from members Dr. Steele stated that no heart sounds were heard until after the second tapping, but that the valves were, probably, not diseased. The heart itself was not weighed, but the heart and sac together weighed four pounds.

The patient, when in health, weighed one hundred and seventy pounds, and was five feet eleven inches high. Before operating, the patient was advised fully as to the operation, and that it was only expected to give temporary relief,—that in itself the operation was not curative. A needle, a little larger than the one used in the hypodermic syringe, was employed.

In reply to an inquiry by Dr. Merriman, it was stated that the patient had never had rheumatism, but had been a large healthy man until three months ago. Dr. Hamill expressed some doubts as to the advantage of aspiration, or its expediency. If there is absorption or removal of the fluid, may there not then be such adhesions as to hasten death?

Dr. F. H. Davis asked whether there was any effusion into the pleural cavities, and Dr. Steele said that there were twenty-five to thirty ounces in each cavity, the latter amount in the right chest.

Dr. F. H. Davis.—It seems as though one chief danger in this operation would arise from the liability of the puncture to allow a dribbling of the fluid into the pleural sac and thus excite a pleural inflammation, but of course the character of the fluid effused would influence to some extent this result. If a purulent fluid, the danger of a bad result would be much greater.

One of the members called attention to the fact that this patient, from the history given us, seems to have had a *primary* and *idiopathic pericarditis*, which is certainly very rare. In the morbid specimen, he saw no deposits of lymph upon the outer surface of the pericardial sac; the cardiac portion of the sac was everywhere thickly covered by the exudation.

Dr. Hyde.—So far as known this operation is the first one of the kind ever done in Chicago, and must have required the courage if not the audacity which that great physician Trousseau exhibited, who boldly plunged the needle into the pericardial fluid long before Dieulafoy had established the present method and processes.

A discussion then ensued between Drs. Simon, Merriman and Hyde as to the probable reason why the fluid that had been drawn off was saneous.

Clinical Reports.

CLINICAL LECTURES IN THE OPHTHALMIC DEPARTMENT OF THE COOK CO. HOSPITAL.

By F. C. Hotz, M.D.

Reported by F. C. Winslow, M. D., House Surgeon.

GENTLEMEN: In presenting a course of clinical instruction this winter it shall be my aim to select such cases for your observation as you will be most likely to encounter in the course of ordinary practice; and believing it to be the duty of every physician to understand thoroughly all the diseases and accidents incident to the external eye, which constitute by far the majority of cases which will apply to you for treatment, I shall confine myself mainly to cases of this character.

The subject I have chosen to present to you to-day is Blennorrhœal Conjunctivitis.

This disease, while it is liable to attack persons of any age, is certainly much more frequent in new-born children, constituting the *blennorrhœa neonatorum* of the authors. Hence the necessity of each practitioner being fully acquainted with the affection, not only because it is to him alone that the parents look for advice at this critical period, but because it is emphatically true that delays are dangerous and ignorance and hesitation are too often the means of consigning the helpless infant to a life of miserable darkness.

The disease may be caused by direct contagion, by exposure to a glare of light, to the continued irritation caused by foreign bodies, and in fact by a variety of causes.

The onset of the disease is marked by pain in the eye, a sensation of heat, and if the conjunctiva be examined it will be found to be unusually dry, and instead of the pale or pinkish hue of health, the vessels are fully injected, giving the membrane a scarlet appearance. This stage of the disease is speedily followed by a change in the external appearance of the lid, which becomes enormously swollen, while the skin covering its outer surface is red and glossy, owing to the infiltration into the cellular tissue beneath. The lid is soft, however, and easily everted, and I may mention in passing, that this constitutes one of the differential points between the affection under consideration and a diphtheritic inflammation. In the latter the lid feels hard, almost cartilaginous, and eversion is well-nigh impossible without inducing anæsthesia.

Upon raising the lower margin of the upper lid, which usually overlies the lower lid, a copious discharge of clean healthy pus is poured forth. This we gently remove with a soft sponge and lukewarm water, and expose the membrane for inspection.

Concerning this operation for the removal of the pus, never permit the

use of anything but pure water slightly warm. Many mothers are in the habit of using for this object the secretion from the mammary gland. This should be strenuously discountenanced, as being in no way suitable for the purpose. The portion of the conjunctiva lining the lid is thrown into large folds, tender, red, and disposed to bleed at the slightest touch, while the ocular portion is infiltrated with serum to such an extent as to bulge forward immediately on raising the lid, thus causing the margin of the cornea to appear depressed.

The result of the disease is of course a matter of great importance. It may terminate in various ways; ulceration of the cornea is unfortunately a too common complication, such an accident resulting in a partial or total loss of vision. The disease in some of its milder forms may run its course and subside, without permanent injury to any of the important structures, leaving granulations which are always extremely slow of removal.

I wish to say a word concerning the difference between the disease under consideration and other affections of the lids. The only disorder with which it is at all likely to be confounded is a diphtheritic inflammation of the lids, and the chief points of distinction between the two are these:

1. In the latter the lids are hard, almost cartilaginous, to the touch.

2. It is impossible to evert the lid without the use of an anæsthetic.

3. The mucous lining is not red, succulent, and liable to bleed at a slight touch, but is pale, anæmic, and covered with the characteristic exudation.

4. The discharge, instead of being of a thick, creamy, purulent character, is thin, turbid and watery.

The prognosis is regulated by the state of the cornea at the time of the first examination. If the cornea is clear the patient may be encouraged to hope for a favorable termination. But if there is a slight abrasion of the epithelium, the constant contact of the irritating secretion will surely develop ulceration, which will most likely be followed by opacity. Or the ulceration may be deep enough to cause perforation, which may be followed by hernia of the iris and anterior synechia.

Treatment: A prominent feature in the care of these cases is cleanliness. Each patient must have his own basin, towel and sponge, and the lids must be carefully cleaned, not three or four times daily, but as often as the secretion accumulates. For this purpose a sponge is the most suitable. A syringe is almost useless. It is entirely inadequate to the removal of the pus adherent to the roughened mucous membrane, and by everting the lid and using a sponge you obtain the additional advantage of being able to *see* what you are doing.

Abstain from the use of milk or teas in cleansing the lid. Nothing is so appropriate as pure warm water. In the œdematous condition which is sometimes present in the ocular conjunctiva, depletion is attained by scarification of the conjunctiva, i. e., superficial incisions radiating from the cornea. By this means you avoid retraction of the membrane and large cicatrices. As a local application experience shows that a solution of ag. nit. gr. xx, xxx or xl, to aq. dist. ʒ j., according to the severity of the disease, is

the best application; this must on no account be used through a syringe, but, carefully everting the lids, to prevent the solution coming in contact with the cornea, touch them with a camel's hair pencil dipped in the solution and then wash them with the brush until the water runs out clear.

CASE I.—A Swede, aged forty; third week of treatment; has had daily application of ag. nit. gr. xx, to ʒj., and occasionally stronger. The œdema has disappeared from the lid and there is only a slight discharge of pus. He will receive an application only on the lower lids.

CASE II.—An Irishman, aged forty-eight; was taken a few days later than the other. The œdema of the lid has passed away, but the membrane covering the sclerotic still needs occasional scarification.

CASE III.—The most recent case. The lids are still puffy and succulent, and the discharges profuse. He will receive an application of ag. nit. gr. xxx, to ʒj. once in twenty-four hours, or oftener if necessary.

CLINICAL CASES IN MERCY HOSPITAL.

SERVICE OF SAM'L J. JONES, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY IN CHICAGO MEDICAL COLLEGE.

Reported by J. R. Kewley.

GENTLEMEN: This lady, a number of months ago, was seized with pain in the eye, soon followed by a reddened appearance over the region of the lachrymal sac. This inflammation of the lachrymal sac is sometimes mistaken for erysipelas, but unlike that disease the redness does not tend to spread; neither does it disappear upon pressure. The inflammation commences in the sac and extends more or less to surrounding parts. After pus is formed it frequently works its way through the tissues and discharges upon the external surface, thus forming a fistula. Several months ago such a fistula existed in this case, but, as you see, it is now entirely closed. You notice there is not any great accumulation of tears in the eye; this results from the lachrymal ducts having become impervious from the inflammation. To-day we will give exit to the pus by puncturing the swollen part, and direct the patient to apply warm water dressings to hasten its evacuation. When the pus is discharged we will slit up the canaliculus and probe the nasal duct, so that the secretions may escape into the nose as fast as they are formed.

INFLAMMATION OF THE MEMBRANA TYMPANI AND MEATUS AUDITORIUS EXTERNUS.

This difficulty has existed for twelve months, resulting in impaired hearing, pain and fullness of the parts, with redness, and considerable excoriation. The mother does not give a clear description of its origin; but I think

from the appearances it has been caused by eczema of the auricle and meatus. We will direct the mother to cleanse the parts twice daily with tepid water, by means of a syringe, using at least a pint of water each time.

SLIGHT OPACITY OF CORNEA.

Two years ago this young lady took cold, she says, in the eyes. Inflammation ensued, and as a result you see this slight cloudiness of both cornea. In these cases we generally use a crayon of sulphate of copper, in conjunction with an astringent collyrium. In this case we will direct a solution of two or three grains of sulphate of zinc, to the ounce of water, to be dropped into the eyes once daily.

CATARRHAL INFLAMMATION OF TYMPANUM.

This inflammation is the result of an ordinary cold, it having extended up through the eustachian tubes from the fauces. We will inflate the tympanic cavity, by means of the eustachian catheter, at the same time using the otoscope, in order not only to ascertain whether air enters the tympanum or not, but also to determine the condition of the mucous membrane lining the tympanic cavity. We will also force iodized air into the tympanum, thus obtaining all the benefit of a local application of iodine.

CHRONIC CONJUNCTIVITIS.

You will notice in this case the congested condition of the blood-vessels in the conjunctiva. Notice also the irregular course the vessels take, and the slight opacity of the cornea. This opacity results from a previous ulceration of the part. We will use the crayon of sulphate of copper.

OPHTHALMI TARSI.

There is present in this case, as you see, an inflammation of the edges of the eyelids, with more or less loss of the eyelashes. The great trouble in these cases is the adhesion of the lids, which is especially apt to occur during sleep. To prevent this adhesion taking place almost any oily substance is applied. I usually use a dilute citrine ointment, one part of this to five parts of rose ointment being my usual prescription, directing a little to be applied to the lids each night. In conjunction with this you may use a collyrium of sodæ bi-borate or zinc of sulphate.

TRAUMATIC CATARACT.

This old gentleman was struck in the eye with a large piece of metal. It was so large that it could not enter the eye, yet as a result we have here, as you notice, a cataract, the iris being in many places firmly adherent to the crystalline lens. A hernia of the iris also exists, pressing into the substance of the cornea. We will limit as much as possible the inflammation by applications of cold water, and keep the pupil dilated with a collyrium of sulphate of atropia until absorption has been completed.

AN interesting case of chronic aortitis simulating angina-pectoris and producing neither œdema nor difficulty of breathing, has been recently reported to the Anatomical Society of Paris. The autopsy revealed excessive contraction of the orifices of the cervuary arteries, thickening of the kidneys and heart, and extensive atheromatous and calcareous deposit in the aorta, while it was noted as especially remarkable that in connection with these severe lesions of the aorta, the other arteries were found to be entirely intact.

Translations.

GLEANINGS FROM THE GERMAN.

Collated by Dr. E. J. Doering.

SULPHATE OF CADMIUM IN HAZINESS OF THE CORNEA.

DR. ANSIAUX uses the following mixture in all cases of haziness of the cornea with success, increasing the quantity of the cadmium as the eye bears it;

℞ Cadmii Sulphat. gr. j.
Muc. Gum Acaciæ,
Tinct. Opii, aa. f℥ ij. M.

A few drops of this mixture are put into the eye by means of a camel's hair pencil twice or thrice daily, and the patient is directed to keep his eyes closed for ten minutes after each application of the remedy to prevent its being washed out with the tears. Although in this affection many opthalmologists use the tincture of opium alone, and therefore, would ascribe the good effect of the mixture to the opium contained in it, nevertheless experience has proven that tincture of opium alone does not cure such cases. Dr. A. therefore asserts positively that, in his opinion, sulphate of cadmium is a better remedy than opium, and that to it are due the good results which followed the use of the above mixture.

GELSEMIUM SEMPERVIRENS.

Drs. Sayrer and Mackey, two Italian physicians, have been experimenting with gelsemium and write: "For several years this remedy has been used in America in the treatment of different forms of neuralgia and other nervous affections, the tincture being the form usually employed, in the dose of five to twenty drops. Dr. Ligg was the first to recommend its use in nervous toothache, and we have employed it with great success in all affections of the teeth, which were not complicated with inflammation of the gum or periosteum. We prescribe fifteen or twenty drops every six hours, and after the second or third dose the pain is gone. The remedy is especially valuable in allaying the irritability of the dental nerves in carious teeth and likewise in other forms of facial neuralgia. Some of the most obstinate cases of neuralgia and toothache which resisted all other medicinal agents, were cured rapidly by gelsemium. In large doses gelsemium causes poisonous symptoms, as disturbance of vision, diplopia, headache, and paralysis. Very small doses must be given to children to avoid all danger."

INUNCTION OF CACAO BUTTER IN SCARLET FEVER.

Dr. Bayles writes as follows in the *Berl. Central Zeitung:* "Inunction of lard in scarlet fever, first recommended by Dr. Schneemann, has for years in Germany been used successfully to diminish the heat of the surface and to hasten desquamation. Instead of lard I greatly prefer cacao butter, as

it is more cooling and refreshing to the patient, besides having a more agreeable odor. But aside from these properties I have found that it is readily absorbed by the skin and thus serves as a valuable nutritive agent. It is also more readily applied to the skin on account of its greater consistency than either lard or oils. If the fever is very high the inunction may be performed over parts of the body every hour, and occasionally the entire surface may be treated in this manner."

(As it has been proven that cacao butter is absorbed by the skin, and as it possesses nutritive properties besides its power of reducing the general temperature, and allaying pain and restlessness, it might be worth while to use these inunctions in inflammatory diseases, continued fevers, and especially in the profuse sweating of phthisis and rheumatism.)

TREATMENT OF ECLAMPSIA.

In the *Berl. Beit. zur Geburtsk. und Gyæncok.*, Dr. Jaquet recommends the following treatment for uræmic eclampsia and eclampsia from acute anæmia of the brain, viz.: The patient must be completely enveloped in a large sheet dipped in water of 72° Fah., and well wrung out. Then cover the patient with a large woolen blanket, merely leaving the head uncovered, upon which an ice-bag is to be placed. If labor should be far advanced, the lower extremities must be wrapped up separately to avoid uncovering during the birth of the child. Ten minutes after the application of this envelopment the skin reddens, and in about an hour a free perspiration sets in, continuing as long as the sheet remains on. This treatment used during pregnancy is followed by no ill consequences, likewise, none need be feared after labor. After perspiration begins, the convulsions rapidly diminish, both in frequency and intensity, and the patient soon falls asleep. Chloroform, morphia, opium, or chloral hydrate may be used simultaneously. The patients never complain of a feeling of discomfort, even if the envelopments are continued for a longer time, nor was the life of the child ever endangered thereby.

Editorial Department.

IT is said that when a disease is once recognized, it is half cured. This is rather a consoling maxim, and it is almost the sole consolation left us when we survey the record of deaths among the children of this city during the hot season, just past.

We have compared the mortality statistics of Paris, London, Lyons, and Chicago in the appended table, for the month of July, since that is the month during which the fatality from cholera infantum is, with us, the greatest. We are unable to specify the precise percentage of deaths from

this disorder in each city, since cholera infantum is not tabulated in all of the foreign bulletins, but the aggregate of fatality from bowel affections in summer, must be largely due to infantile disorders.

However humiliating it may be to confess our weakness in this particular, it is certainly well to recognize it. The story told by the accompanying table bears its own moral, and suggests a problem, whose solution is incumbent upon every medical man in Chicago:

Mortality in the Cities of Paris, London, Lyons, and Chicago, for July, 1874.

CITIES.	Population.	Latitude.	Longitude.	Mortality of Special Disorders.										Percentage of total mortality to population.	Percentage of mortality from bowel disorders to population.
				Small Pox.	Measles.	Scarlet Fever.	Typhoid Fever.	Erysipelas.	Bronchitis.	Croup.	Diarrhœa, Dysentery, Cholera Infantum, Cholera Morbus, Enteritis, Etc.	Other Affections.	Total.		
PARIS	1,851,792	48, 50, 11 N.	2, 20, 09 E.	2	39	6	69	43	76	25	72	2560	2902	.0015	.000038
LONDON	3,400,701	51, 30, 49 N.	0, 65, 48 W.	4	99	141	72	30	325	45	356	4015	5087	.0014	.000104
LYONS	323,954	45, 45, 46 N.	4, 49, 25 E.	0	5	2	11	6	7	9	85	483	608	.0018	.00026
CHICAGO	531,713	41, 54, 00 N.	87, 38 W.	7	4	12	10	4	6	4	787	640	1454	.0027	.0014

DR. LIVINGSTONE'S FIGHT WITH A LION. A CAST OF HIS FRACTURED HUMERUS RECEIVED IN CHICAGO.

A SPECIMEN of much interest, both scientific and historical, has just been sent to the museum of the Chicago Medical College by Sir Wm. Fergusson, Baronet, the eminent surgeon of London.

The history of the case is this: Livingstone, as will be remembered, commenced his extraordinary explorations in the interior of Africa more than twenty years ago. In one of his earlier journeys he stopped for a time at a native village, whose inhabitants were much annoyed by the depredations of lions. As the killing of one or two lions usually has the effect to frighten away all the rest from the vicinity, Dr. Livingstone determined to do the timid villagers a kindness, by heading with his men a grand lion hunt to destroy part of the beasts, and intimidate the remainder. For this purpose, he and his men led the people out, and with them surrounded the lions on a wooded hill and began to contract the circle by marching the men towards the centre, but the villagers not being very courageous

gave way before the charges of some of the enclosed animals, broke the circle and allowed them to escape. Finding the hunt a failure all parties returned to the village, but Livingstone and two of his men came upon one of the lions as they went, the result of which is described by himself as follows: (*Travels and Researches in South Africa*, p. 12.)

"Being about thirty yards off, I took good aim at his body, and fired both barrels into it. . . . Turning to the people I said, 'Stop a little, till I load again.' When in the act of ramming down the bullets, I heard a shout. Starting and looking half around, I saw the lion just in the act of springing upon me. I was upon a little height. He caught my shoulder as he sprang and we both came to the ground below together. Growling horribly close to my ear, he shook me as a terrier dog does a rat. The shock produced a stupor similar to that which seems to be felt by a mouse after the first shake of a cat. It caused a sort of dreaminess, in which there was no sense of pain or feeling of terror, though quite conscious of all that was happening. It was like what patients partially under the influence of chloroform describe, who see all the operation, but feel not the knife. The shake annihilated fear and allowed no sense of horror in looking round at the beast. This peculiar state is probably produced in all animals killed by the carnivora, and, if so, is a merciful provision by our Creator for lessening the pain of death.

"Turning round to relieve myself of the weight, as he had one paw on my head, I saw his eyes directed to Mebalwe, who was trying to shoot him at a distance of ten or fifteen yards. His gun missed fire. The lion immediately left me, and, attacking Mebalwe, bit his thigh. Another man, whose life I had saved before, attempted to spear the lion while he was biting Mebalwe. He left Mebalwe, and caught this man by the shoulder; but, at that moment, the bullets he had received took effect, and he fell down dead. The whole was the work of a few moments, and must have been his paroxysms of dying rage."

The lion in shaking Livingstone seized him by the left arm, fracturing the humerus just above the middle. The result was a non-union of the fracture, producing a false joint, and an overlapping of the fragments exceeding an inch in extent. The lower fragment was also rotated on its axis about ninety degrees from its natural position.

The cast shows that either from the injury to the nutrient artery, or else from diminished use of the limb, the shaft of the upper fragment became very much atrophied.

When Livingstone's body was received in London, some natural doubt was felt about its identity, but Sir Wm. Fergusson proved by examination of the fractured bone and false joint, that there could be no uncertainty in the case. The cast is now in the museum of the Chicago Medical College.

The hunters of South Africa have observed that the bites of lions are very troublesome in their healing, and hence believe that the saliva of the animal is poisonous. Dr. Livingstone himself was half inclined to think that there was some truth in the idea, and thought that his own exemption

from virulent symptoms might perhaps be due to his having been bitten through his clothing.

Some professional men in Chicago have been partially impressed in the same way from the persistent inflammation observed in a patient in one of the hospitals, who was bitten in the hand by a lion in a menagerie some months ago, and is still far from being cured. I am not aware, however, of any actual, experimental proof of poisonous qualities in the leonine saliva, and the fact that the teeth of the animal make punctured and lacerated wounds, often penetrating joints and comminuting bones, is a sufficient mechanical reason why many of the wounds should do badly.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, OCTOBER 12, 1874.

Reported by Ralph E. Starkweather, M.D.

THE President, Dr. Bartlett, occupied the chair. After the usual preliminaries Dr. D. A. K. Steele read a report of a case of pneumatic aspiration of the pericardial sac, which appears in full elsewhere in this number of the EXAMINER.

Dr. F. H. Davis next read several interesting reports of cases.

The President reported a case of cerebro-spinal meningitis which proved fatal, in which were numerous curious features simulating hydrophobia. The discussion of this subject, including rabies, was animated and exhaustive.

Dr. Hamill reported a case of abortion with retained placenta, in which he used full doses of ergot for twelve hours, without effect. He then exhibited the fluid extract of *actea racemosa*, forty drops every two hours; the secundines were expelled in six hours; the medicine seemed to act on the body of the uterus, producing tonic contractions. He preferred it rather than ergot. He was called to the case two days after the abortion had taken place. Several members related cases much resembling the one given, with like experience, and expressed the opinion that the use of ergot in the third stage of parturition was, at least, very questionable and inexpedient.

Dr. Merriman was appointed by the President to prepare a paper to be read at the next meeting, upon the management of the third stage of labor.

The society then adjourned.

Gleanings from Our Exchanges.

ON STRAPPING THE CHEST IN PHTHISIS.

BY JOHN MCCREA, M. A., M. D.

From the London Lancet.

THE treatment of phthisis by restraining chest movement deserves more attention than it has yet received. Partly for this reason, and partly to describe the appliance which I have latterly found most effective, I wish again to direct inquiry to the subject.

In the large number of cases which have come before me in the practice of the Belfast Dispensary, I have seen no remedy equal strapping the chest in efficiency and general applicability. At the same time the use of other remedies is not interfered with. The plasters used in strapping are quite able to bear the strain of walking and talking, so that gentle exercise and conversation are not forbidden; and, indeed, I have seen both rendered enjoyable where they had previously been irksome. I have not met with a case in any stage of the disease in which there was ground for attributing any bad result to the restraint of the chest. I say this because a paper on the subject threatened grave consequences if cases were not most thoughtfully selected after an exact measurement of the proportion of lung involved. An extensive trial has convinced me that this dread is a dream and this refinement finical.

Since writing a paper which appeared in the November number of the *Dublin Journal of Medical Science*, I have made an improvement in the apparatus, which diminishes the frequency of the renewal of the plasters and strengthens their grip. The following description contemplates their application to the upper part of the chest. I have principally used emplastrum roborans spread on swan's down. The sheet, which is half a yard wide, is to be cut into transverse strips. Each strip is eighteen inches long; the breadth should be about three-quarters of an inch. The plasters should be only very slightly heated. The first strip runs up the back in the space between the spinal column and the posterior border of the scapula on the affected side, its starting-point being well below the level of the inferior angle of the scapula. It is to be applied gradually and deliberately, every portion being well rubbed in before the next portion is brought into contact with the skin. It is to be carried over the shoulder and down the front of the chest. In rounding the shoulder it is to be pulled tight and held so while it is being, bit by bit, brought into contact with the front of the chest, the chest just at this period being in the act of strong expiration. The next strip, which is horizontal, commences at the spine, crosses the posterior end of the first strip, passes under the axilla and on towards the sternum. It also is to be applied deliberately and with friction; as it is rounding the chest it is to be pulled tight, the patient at the same time making a forced expiration. Other strips are to be applied in a similar manner, vertically and horizontally time about, until it is judged that a proper grasp of the chest has been obtained. I avoid the scapula as much as possible. Some of the horizontal strips should cross the sternum, and some the spine. A large rectangular piece of plaster should now be applied, occupying the inter-

scapular space and reaching down to the last dorsal spine. Another squarish piece is to cover the front and upper part of the chest between the clavicles and mammæ. These, if smoothly applied, secure the ends of the strips from ruffling up, and give additional *points d'appui*. Finally the whole is to be well rubbed in all over. The patient is to sit quiet for a few minutes before dressing. The plaster soils the fingers, which, however, may be easily cleaned by rubbing with coarse paper and washing with a few drops of ether. The length of strip of course depends upon the size of the chest and the extent of the disease. I always endeavor to control more of the lung than the portion apparently diseased. I have found it generally suitable to cut the plaster as above described. If too long, that may be easily remedied with scissors as each strip is applied. If too short —if, for instance, a vertical plaster beginning on the back does not reach sufficiently far down the front of the chest, let the next vertical plaster commence its course in front and at a sufficiently low point, and then be made to cover the former. This, besides, increases the rigidity of the apparatus, and rigidity undoubtedly is one source of its power.

In a fortnight a re-application will probably be required. This will give a good opportunity for a careful examination of the condition of the lung. While the plasters are still on the indications of the thermometer will be most valuable. If there be an exacerbation of the symptoms, particularly of the cough, dyspnœa, or pain, if the temperature rise, or if the plasters be obviously slack, apply new ones. In an advanced case of phthisis in a girl, the girl's mother told me that she herself could tell the proper time for renewal by observing the cough become distressing at night; and, indeed, it is common for patients to ask for a re-application. This illustrates, besides, the confidence felt in the plasters by those who have had experience of their effects. In early phthisis it is necessary to warn the patients not to mistake the amelioration of their symptoms for recovery; they should always be directed to come back. Possibly when they consider themselves quite well the thermometer or the stethoscope will indicate differently. These are the cases in which, by re-applications, repeated re-applications if necessary, we may hope for the most brilliant results.

In the paper already referred to I have related a few cases, selected with the aim of illustrating the effects of this line of treatment in different stages of the disease. We obtain immediate and marked diminution of the cough, cessation of pain, relief of dyspnœa, and reduction of temperature; and the patient usually expresses at once a feeling of great comfort. In short, I am so satisfied with the results of the numerous cases in which I have tried this method that I give it the first place among all the remedies for phthisis.

M. JOLYET has recently reported to the society of Biology in Paris, some of the principal results of a series of his experiments. He has determined the quantity of urea contained in the blood of rabbits whose skins have been coated with a mixture of aline and linseed oil. He has proved that they sometimes die from cold, and has seen the urea doubled, and even trebled in the blood, though the urinary secretion was diminished. M. Jolyet has also studied the cutaneous and pulmonary respiration of frogs, and has calculated the quantity of carbonic acid exhaled during a given time by placing them under bell-glasses. The minute openings of the bulbs in the skin permit the suppression of the pulmonary respiration. This cutaneous respiration, though sufficing for these animals in winter is incapable of supporting life during summer.

AN EXCELLENT TEXT.—"A clean life and a trust in God are the best of all prophylactics."—*Daily London Telegraph.*

LONDON HOSPITAL.—SURGICAL CASES.

UNDER THE CARE OF MR. MAUNDER.

From the London Lancet.

1. *Compound Fracture of the Skull.*—Frederic B———, aged five, was admitted on June 17th, having fallen from a third-story window, a hight of about thirty feet.

On admission a horizontal laceration was found, about half an inch in length, above and to the inner side of the left frontal eminence, the wound extending down to the bone. At the bottom of the wound a large depressed fracture of the frontal bone could be felt, the depressed portion being considerably below its normal level and overlapped by the sound bone.

It was determined to raise the depressed and impacted bone. Hoffman's forceps were used to chip out a small crescent-shaped piece of the overhanging bone, so as to admit of the introduction of the elevator.

2. *Phosphorus Necrosis of the Lower Jaw.*—D. S———, aged thirty-three, had suffered eight months, during which time the whole of the body and large portions of the rami had become necrosed, and a thin shell of new bone was being modeled upon the original. With a raspatory introduced on all sides the dead bone was isolated from the living. The rami were divided with the saw and cutting forceps, and the whole mass removed in one piece through the mouth.

3. *Compound comminuted depressed Fracture of the Right Parietal Bone.*—P. M———, aged three, was injured by a fall. Hoffman's forceps were used to make room for the introduction of an elevator. The membranes and brain were found to be lacerated. The operation was performed on the 19th June, but on July 5th, almost complete hemiplegia having set in, Mr. Maunder evacuated an abscess in the right hemisphere. The full particulars of this case will be given when it is more complete.

4. *Strangulated Femoral Hernia.*—Margaret P———, aged sixty, was admitted June 23d, suffering from a strangulated femoral hernia on the right side. The protruded portion of bowel was about the size of a small walnut, and it had been strangulated twenty-four hours.

The patient having been anæsthetized, and taxis failing, an incision two inches in length was made at the inner side of the neck of the swelling. The constriction was discoved at the upper extremity of the crural canal. Some fibres of Gimbernat's ligament were divided, and the bowel returned without opening the sac. The wound was closed by three wire sutures.

5. *Multiple Cystic Tumor of the Ovary.*—Elizabeth M———, aged twenty-three, had observed an unnatural swelling of the abdomen about eight months ago. Has been tapped once, some months ago.

On June 24 ovariotomy was performed. There were extensive adhesions to the anterior abdominal wall, and also to the omentum, apparently radiating from the puncture. Bleeding vessels in the omentum were secured by fine catgut ligatures cut short. The pedicle, short and thin, was secured by a double whipcord ligature cut short, and the whole dropped back into the abdominal cavity, after the open ends of two large arteries on the surface of the pedicle had been seared by the actual cautery.

6. *Treatment of Exostosis by Subcutaneous Fracture.*—A girl about sixteen years old had a globular exostosis attached by a narrow stem to the lower part of the femur on the outer aspect, and near to the knee-joint. Mr. Maunder had frequently discussed the treatment of the case, and, among other things, suggested the feasibility of subcutaneous fracture

and its possible consequences. But as the patient suffered from catarrh for some days, the operation was postponed until July 8th. Chloroform having been administered, the skin was first protected by a piece of chamois leather, and then the tumor, being seized with a pair of gas-fitter's pliers, was broken off with a jerk. Forty-eight hours afterwards some tenderness and swelling had resulted.

With the exception of Case 3, the patients are progressing most favorably. The only complaint of the ovarian case is that she is "tired of bed."

In suitable cases Mr. Maunder thinks that Hoffman's forceps should be used instead of the trephine, because sound bone is thus economized.

DR. Q. C. SMITH, (*Nashville Journal of Med. and Surg.*) considers the sub-nitrate of bismuth as a very efficient catarrh snuff. He says that when the disease only affects the nasal passages and frontal sinuses, it will often effect a cure if the disease is not of long standing. The mode of using is to take a pinch of the powder, and thrust it well up one nostril, closing the other one, and take several short whiffs, liberating a portion at each inspiration. Apply to each nostril in same way quite frequently.

SWALLOWING A TOOL-CHEST.—It is reported that in the different prisons of Paris there are five or six deaths every year from the effect of swallowing what is known as an "escape box." This remarkable box is made for the special accommodation of prisoners. It is of polished steel, about three inches long, and contains turn-screws, hammers, silk thread, and other implements necessary for escape. The box appears to be easily swallowed, but sometimes fails to reappear as intended, and the death of the victim is the result. But, when it does pass the bowels, the lucky prisoner is prepared to cut the thickest iron bars and set himself at liberty.

TYPHOID FEVER.—During the recent epidemic of typhoid fever at Lyons there occurred certain atmospheric changes of considerable collateral moment. The temperature rose suddenly, while the barometer experienced a heavy fall. Now, the falling of the barometer is always coincident with an increased discharge of the airs dissolved in water. This may be witnessed at such periods in the increased escape of marsh gas, and is exemplified in the operation of the common hubble-bubble pipe for smoking, so named. The ill-washed gutters of the streets and quays of Lyons emitted the most noisome exhalations (*des puantes emanations*). The quarter of the Bourse, the quays of the Rhone, both close to the public Lyceum, the Quai de Retz in especial, all abounding with dirt and stench, are successively implicated. Out of 900 boys at the Lyceum, 80 were laid up with typhoid fever; the institution, consequently, was closed, by the decision of the rector of the academy. This fever was characterized by evening axacerbations, and Dr. Bondet terms it, in certain cases, a regular abortive typhus. Without going into further details, it may be said that this epidemic of typhus, along with only too many of the same kind, points trumpet-tongued to the necessity of discontinuing the employment of sewers, which are no other than elongated cesspools, and the substitution of earth-closets along with the early removal of all animal and vegetable refuse, instead.—*La France Medicale.*

OZONE.—Dr. Lender ozonises chambers very successfully by means of a mixture of protoxide of maganese, or of the permanganate of potash and oxalic acid. Two spoonfuls of this powder, moistened with twice the amount of water, and a trifle more of water every two hours, emits ozone freely. Gold and silver, however, excepted, it oxidizes metals rapidly.—*Archivio di Medicina Chirurgia ed Igiene.*

Book Reviews.

SURGICAL EMERGENCIES: TOGETHER WITH THE EMERGENCIES ATTENDANT ON PARTURITION AND THE TREATMENT OF POISONING. A Manual for the use of General Practitioners. By William Paul Swain, F. R. C. S., Surgeon to the Royal Albert Hospital, Devonport. With eighty-two illustrations. Philadelphia: Lindsay & Blakiston, 1874. Pages, 189.

This compendious little manual can hardly fail to meet with favor among those for whom it was written, viz.: general practitioners. For, although it is mainly a compilation from the works of the best and most recent surgical authors, yet its condensation of what is of practical value in each, will supply the need of those who are summoned to cases of every sort of emergency.

The chapter on antiseptic dressings will be perused with interest by many, since it was written by Dr. Bishop at the request of Prof. Lister. While there are probably few in this country who consider the extraordinary precautions remmended by Prof. Lister as essential to a complete antiseptic dressing, it is undoubtedly well to err rather on the side of caution than of carelessness. Specific directions are also here given as to the use of the aspirator and Esmarch's bandage in bloodless operations.

The work is well written, and everything is sacrificed to conciseness that is not essential to the meaning. Many of the wood cuts are familiar to the profession, as they have appeared in the works of Fergusson, Bryant and Heath, but they are the better for general circulation and all are fairly executed.

THE PHYSIOLOGY OF MAN. By Austin Flint, Jr., M. D. New York: D. Appleton & Co. Chicago: Jansen, McClurg & Co.

This fifth volume completes Prof. Flint's very elaborate treatise on Human Physiology.

The work, as a whole, is one of which the American profession may well feel proud. A full and faithful exponent of the physiological science of our day, it represents not a compilation merely, but the results of a vast amount of original research and experimentation carried on by Prof. Flint during the past eleven years.

In this last volume the special senses and generation are considered.

THE PHILOSOPHY OF SPIRITUALISM AND THE PATHOLOGY AND TREATMENT OF MEDIOMANIA. By F. R. Marvin, M. D., Prof. of Psychological Medicine and Medical Jurisprudence in the New York Free Medical College for Women. New York: Asaka K. Butts, Publisher. 12mo.; 68 pages.

This little volume is in the form of two lectures, written, the author tells us, to save those who are about to be drawn into the meshes of spiritualism. He regards spiritualism as the worst form of materialism—materialism of materialism. His first lecture is devoted to clear, concise and convincing arguments against spiritualism, arguments which prove one of two things to be true, namely: spirits are material or spiritualism is all fallacy. The second lecture comprises a description of the pathology and treatment of mediomania. He here considers mediums as suffering under a form of insanity, its causes being predisposing and exciting. It may be idiopathic, but generally sympathetic.